

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

WAR EDITION

Vol. 2

SEPTEMBER 1st, 1941.

No. 12.

A PLEA FOR EXPERIMENT

We are still being assailed by a host of articles by the brightest stars in the medical firmament on future reconstruction; the JOURNAL itself had the honour of publishing a characteristically vigorous contribution from Dr. Geoffrey Evans. This article produced less controversy in our correspondence columns than we had hoped, but this, perhaps, was due not so much to any lack of independent thought among our readers as to a wholly natural reluctance publicly to enter the lists against so brilliant and ferocious an opponent.

Most of us have our theories as to the form this reorganisation should take: whether it should be a salaried medical service, an extension of the panel system or what you will. After the proper period of gestation the B.M.A. Commission will no doubt produce a considerable child, which happy event will be the signal for yet another spate of letters in both medical and lay papers. Some will enthuse over the newborn scheme, some will temporise, some will assert that it is a monster or even cast doubts on its parentage.

Surely this is an occasion for applying the scientific method of experiment. Even in social science, experiments if properly conducted will provide very useful information, and in this particular instance controls will be easily available. If some agreement can be reached on one or two provisional schemes these could be applied in a representative town and a suitable area of the surrounding countryside. A manu-

facturing town of medium size which is also the centre of a rural district would probably make the best unit. As examples one could give Reading and Luton.

Whatever scheme were adopted in such an area, the local authorities' hospitals could be used as the basis for the organisation and enlarged or modified as necessary. The local practitioners and consultants would necessarily be incorporated in the scheme, but if, after a trial, they could bear it no longer it would still be possible for them to leave the district and practise elsewhere with Government compensation for the loss of their practice. It would probably be easy to fill their places. Similarly the local citizens, if they felt an overwhelming urge to exercise their invaluable choice of specialist and hospital services, could come to London where the present system would still be in full swing. Such non-co-operation would most probably be negligible.

After about two years of such an experiment enough evidence would be available for Parliament to decide whether or not the scheme (or a modified form of it) should be extended over the whole country or should be dropped completely, when the experimental town could revert to the present system. Statistics of deaths, disease-incidence, etc., could be compared with the town's previous figures and with the current figures for a similar town. The local medical profession could give their opinion on the advantages and defects of the scheme, and public opinion could be investigated by an organisation such as Mass-Observation.

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Perhaps the greatest disadvantage of such a scheme would be that the towns not chosen as experimental material would

protest at the unfair advantages given to another area.

HELP FROM HOLLYWOOD

It is with pleasure and more than a little envy that we congratulate Guy's on being, partially at least, adopted by Hollywood. Myrna Loy, Kay Francis and Gary Cooper have endowed beds in their sector Hospital at Sevenoaks, and we understand that great things are expected of this alliance with fame. The two professions of medicine and acting were closely associated in their earliest forms, when the medicine man combined his therapeutic skill with considerable talent as an effective, if uncouth, dancer; even nowadays few would deny that some skill in playing the part is

essential for success in medicine. So this alliance is hardly such a marriage of opposites as would at first appear.

Consider too the psychological effect on the patients of such an intimate connection with the great and the glamorous. What could be more enjoyable than to convalesce in a bed belonging to Myrna Loy, or even (lest there should be jealousy) to Kay Francis? Let us hope that Guy's have not neglected this psychological element, for Gary Cooper's bed in a male ward would lose all its appeal.



Mr. A. G. Leacock has been appointed Editor of the JOURNAL, *vice* Mr. E. Grey Turner, resigned.

Mr. C. E. C. Wells has been appointed Assistant Editor.

* * *

We are most grateful to those of our readers who have sent us copies of the out-of-print numbers of the JOURNAL for which we appealed in our last issue.

* * * *

The Linacre Lecture for 1941 was delivered in Cambridge by Sir Walter Langdon-Brown, who took as his topic "From Witchcraft to Chemotherapy." This is the most ancient medical lectureship in Great Britain, having been founded in 1526 by the bequest of Sir Thomas Linacre, the first President of the Royal College of Physicians.

Some readers may have seen the "Red Cross Revels," produced in the Bart.'s Theatre in August, 1940, and therefore remember the way in which an evil-looking Vermiform Appendix was heroically excised to appropriate music. This operation has now become a classic and, by kind permission of Messrs. Decca, Ltd., has been handed down to posterity in the form of a 10-inch double-sided gramophone record. The price, inclusive of Purchase Tax, is 2/6. Profits from the sale of this record will go to the Red Cross. It is hoped that many will buy this musical memento and thereby help the ever-deserving Red Cross; they may be obtained from the following gentlemen: R. Schofield, A. R. James, D. Morris, G. Wills-Cole.

* * *

Contributions for the October number should be received by September 11th.

A NOTE ON PAIN ASSOCIATED WITH SIMPLE EPIGASTRIC AND UMBILICAL HERNIAE

ARNOLD K. HENRY, F.R.C.S.I., M.Ch.

Small protrusions of extra-peritoneal fat through the linea alba and tiny herniae, no bigger than a child's finger-tip, through the umbilical ring occur with great frequency in adult patients. Often they are found only in routine examinations, but sometimes they become a cause of complaint. It is just twenty years since my attention was directed, at a Ministry of Pensions Board, to this association of pain and apparently trivial protrusion by a dyspeptic patient who said that if he drank a cup of warm tea he felt a pain "like boiling lead" in a very small and tender mass of fat that lay in the linea alba about three finger-breadths above his navel. On the next day at the same Board I saw a second case with pain and tenderness focussed on a small and similar mass. Laparotomy in both patients showed the presence of gastric ulcers of long standing. I learnt later from an article by R. Lewisohn, that this reference of pain from viscus to rupture was a well-known symptom demanding critical and careful attention, a point which he emphasised by calling his paper "*The importance of thorough exploration of the intra-abdominal organs in operations for epigastric hernia.*"

Kussmaul, who was a pioneer in oesophagoscopy and gastroscopy, advised Luecke to operate on these herniae for the purpose of relieving gastralgia, and in 1887 he published two successful cases. This set a fashion, and soon a spate of similar operations began for the relief not only of epigastric distress but of hyper-acidity, vomiting and even of haematemesis. Témoin (1890) was one of the first to associate discomfort and pain in a linea-alba hernia with serious gastric disease, reporting four cases which had died of carcinoma of the stomach after operations for epigastric hernia. Capelle (1909) followed up thirty-one patients who had undergone similar operations from six months to eight years previously. Four had died from gastric carcinoma within two years of operation; six had a recurrence of their hernia; twelve had no recurrence but the gastric symptoms had returned. Only

nine of the thirty-one were perfectly cured. Since that time many observations have been published. Lewisohn records thirteen personal cases, in six of which the pain and tenderness in epigastric herniae were associated with gastric lesions in five, with duodenal ulcer in one, with cholelithiasis in one, and in one with appendicitis. In this last patient an operation performed eighteen months previously had failed to give relief; his hernia, too, had recurred. Exploratory laparotomy absolved stomach, duodenum and gall-bladder, but the appendix was bound down by adhesions, and its removal, coupled with hernioplasty, cured the patient. It will be noticed therefore that, while in most cases pain in an epigastric hernia is merely an indication of more serious trouble elsewhere, less frequently the hernia itself may give rise to epigastric discomforts that seem to spring from stomach or duodenum; the latter possibility is confirmed by a number of definitive cures which are claimed to have followed operations that dealt only with the hernia. In accepting these cures, however, we should not forget the long periods of freedom from pain which may sometimes accompany peptic ulceration.

Shortly after the patient who complained of the pain like "boiling lead," another arrived with an ache in the left testis. He was extremely anxious about this because eight months previously he had been treated for gonorrhoea and he thought that the ache was a sign of its return. Routine examination showed that there was no longer any active infection. The only residual sign that could be found was a small nodule in the lower pole of the epididymis. I was content, therefore, to reassure the patient, thinking all would be well now that his fears were allayed. This not unnatural mistake was brought home to me when he returned five days later and said: "I know you thought I was imagining that pain in the testis, but it has kept me walking up and down my office all morning." I then stripped the patient and made the general examination which I should have made at first. In the course of this I found a tiny

saccular protrusion through a small opening in the umbilical ring. I reduced the hernia with some difficulty, causing the patient to complain in the process, but as soon as it had slipped back, he said: "You've cured the pain in my testis." A pad made with a penny, some cotton-wool and a piece of strapping sent him away happy. I have since seen two similar cases in Egyptian patients. Each had a nodule in the epididymis, though no clear history of gonorrhoea could be got. In each the pain which the patient thought was in his testis was removed by reducing a small umbilical hernia.

In 1936 I saw with my colleague, Dr. Maeve Kenny, a woman aged 73, whom she had been treating with a pessary for uterine prolapse. The pessary had been changed two days before for a new one, and since then the patient had had pain in a left inguinal hernia on which she had worn a truss for some years. The external ring of that side was tender and there was also marked tenderness over the umbilicus where there was a small hernia in the ring itself. I reduced the umbilical hernia easily, but tenderness persisted in the bottom of the navel. I then turned once

more to the inguinal region and found that the truss had been pressing on a small unreduced bubonocele which contained gut and gurgled on reduction. As soon as this tender inguinal hernia had slipped in, the umbilical tenderness disappeared.

Certain facts emerge from these paragraphs. (1) An epigastric hernia—apart from strangulation or other gross change—may be itself the cause of pain referred to abdominal viscera (stomach, duodenum, gall-bladder or appendix). (2) This view of the hernia's responsibility should only be accepted after thorough examination has absolved these viscera, though the appendix, it will be noted, is not easily absolved without exploration. (3) Far more often a painful epigastric hernia is acting as a "tell-tale" that indicates some serious visceral lesion. (4) A tiny hernia through the navel may be the cause of grave discomfort in a testicle, though perhaps the association may only occur if the gland has been previously sensitised by an old lesion. (5) An inguinal bubonocele under the pressure of an ill-placed truss can cause tenderness in the navel which is not relieved until the bubonocele has been reduced.

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ABERNETHIAN SOCIETY

The First Meeting of the new academic year was held, somewhat belatedly, on Thursday, August 17th, at 6 p.m., in the Abernethian Room. Innumerable Officers of the Society were assembled on the platform, and there was a good-sized audience which was distinguished by the presence of Professor Grey Turner. We had been fortunate in

persuading Surgeon - Captain Lambert Rogers, F.R.C.S., F.R.A.C.S., in happier times Professor of Surgery of the National University of Wales at Cardiff, to come ashore, so to speak (in the President's arresting phrase), to expound to us some of the stimulating ideas that have been engaging his mind during a quasi-

Sabbatical year spent away from teaching. For his title he had chosen "Some Thoughts on Medical Teaching."

His first point was that medical teachers are all amateur teachers—they are never taught how to teach, with the result that many of them do not succeed in "putting across" their own valuable practical experience of medicine in an interesting or assimilable form. Perhaps the solution of this problem might lie in a searching analysis of the factors responsible for the success of the naturally-gifted teacher, and the inculcation of the broad general principles emerging from such an analysis into the minds of all who seek appointment to the teaching staff of a hospital.

Professor Rogers then went on to urge, as Professor Grey Turner before him had done, the importance of understanding the historical background of any subject studied. Sir William Osler had said that nobody whose knowledge of tuberculosis dated no further back than Koch could claim to understand the disease. Not only does the historical approach to a subject increase its intelligibility by demonstrating its logical evolution; it also, by "association of ideas," reinforces memory. The greater part of the talk was given over to expanding and illustrating this idea; more examples from the history of medicine than can be quoted here, many of them by no means generally known, were adduced and pointed by a series of excellent lantern pictures. The speaker recalled a suggestion of his own, first mooted in a letter to the medical press a few years since, that textbooks of surgery might well provide, in footnotes, brief biographical "blubs" about those surgeons whose work they described; he rejoiced to see that the suggestion was already bearing fruit. An examination candidate had once informed him that Paget was a Guy's man. Such floaters may occur less frequently when the reform is widely adopted.

Thirdly, since for most of those who study medicine its clinical practice is the *ultima ratio*, Professor Lambert Rogers proposed that students be introduced as early as possible, during their study of the basic sciences, to the clinical applications of what they learn. Again he developed the thesis that by "association of ideas" two birds—

clinical and scientific—could be killed with one intellectual stone, taking as his text John Hunter's work on the surgery of popliteal aneurysm and the anatomy of the adductor canal. Hence was wrested a defence of eponymous terminology; the name "Hunter's canal," remembered in all its associations, conjures up more knowledge than the merely descriptive "adductor canal" could ever do.

Above all, the Professor called for encouragement of individual originality. This required a condition not easy to fulfil, namely abolition of large classes and their replacement by small informal demonstrations and seminars. He pointed out how, in the past, even the most originally-minded of men had held up progress by decrying the new notions advanced by their juniors. Thus the authority of no less a man than Kocher had prevented, until the 1920's, the pre-operative administration of iodine in the treatment of hyperthyroidism. Distrust of authority, though necessarily distasteful to the authority not trusted unless he be possessed of perfect intellectual honesty, must become one of the most vital ideals of medical education.

A promising discussion followed, which had to be cut short on account of time.

In proposing the vote of thanks, Professor Paterson Ross congratulated the Society on having been able to arrange a meeting at such a time, and on having secured such a distinguished speaker. He wished to add a further suggestion for infusing new vigour into medical education, and for encouraging a broader outlook. It was what the Americans call "going places." Had it not been for the War, the admirable principle of exchanges of students between different schools and different countries would have found ever-widening practical expression. As for their teachers, such a principle had, of course, been in operation at Bart.'s for some years. Professor Ross enumerated the distinguished visitors who, beginning with the late Dr. Harvey Cushing, had temporarily directed the Surgical Unit in the past; and he ended with the hope that we might one day welcome Professor Lambert Rogers in our midst in a similar capacity.

C. G. P.



The Leader of the Endocrine Orchestra

HERE AND THERE

"I hereby give permission for an operation to be performed on my left buttock."

* * * *

"Please, Sir, which is the baulk and which is the beam?"

* * * *

"Doctor, can you give me some medicine? I've been consecrated for a week."

W.O.P.: "My husband's a sailor."

Mr. D. Fraser: "That's all right, we're all sailors here."

* * * *

DUBLIN COMMUNIQUE

So many English writers, past and present, have been medical students, that I would offer some advice to our future Maughams and Deepings: namely, to do a Midwifery course in Dublin with the least possible delay. If our medico-literary student takes his opportunity of visiting this primitive and curious capital before its slums have been cleared, and before the minds of its citizens have been roused from their intriguing archaism, he will find material enough for a complete Collected Edition of his future works. I would suggest an anthropological treatise (in two vols.) on the Mediæval Mind, a novel on the classical subject of the Dublin medical student (beer, babies and bawdy songs), a saga, set in popularly sordid surroundings, about the thirteenth child of a thirteenth child, and finally, as pot-boilers, several short stories for the popular press. In conversation, this lucky adventurer will be able to pose as an authority on the Irish Question, about which most Englishmen know nothing and care less.

Primed with information about the ancient foundation of the Rotunda and about the squalid slums of Dublin, he will expect to find a decayed and dismal hospital with dungeon-like living quarters, but in reality nothing could be farther from the truth. The Rotunda is really an excellent and cheap hotel, complete with chromium plated and otherwise up-to-date bed-sitting rooms, on to which is added, almost as an after-thought, a definitely less impressive hospital. The squalor begins at the doorstep.

From the purely medical standpoint, supposing that our budding author intends to qualify before devoting himself to authorship, he will have to deliver two women in the labour ward under the eagle, and distinctly jaundiced, eye of the nursing staff. After this ordeal, during which he will learn the anatomy of complete perineal tears, he must undergo a *viva* from the Clinical Clerk (or Extern Assistant) before being flung into the slums to fend for himself. This quiz is more formality than examination, since he will be supplied beforehand with the recognised answers to the recognised questions. To celebrate his elevation to the dizzy rank of midwife is his

next task. Immediately opposite the gate of the hospital are two dispensaries, supplying Guinness at sixpence a bottle, delivered in secret to any bedroom. More than fifty or sixty dead men per bedroom per night is frowned upon by the hospital authorities, but at least that quantity of Guinness will be necessary to lubricate first the songs and then the inevitable argument till two or three in the morning.

As soon as our hero has staggered to bed he will be dragged from it by an implacable porter and sent out, with two or three other students, to accompany an agitated father to the tenement room in which he exists with his wife and six or seven children, who may or may not be expecting to watch the arrival of their sibling. Perhaps I should advise the student not to lean too heavily against the walls of these houses, for they occasionally collapse spontaneously. However, if he survives this danger, he will be experienced in living conditions in slums which even the Irish admit to be among the worst in Europe. Fleas assail all uninfested visitors, bugs stalk them across the furniture, spiders fall upon them from the ceiling. Aseptic obstetrics becomes merely a pious hope. He will arrive, armed with Dettol and good intentions, to find an ancient and filthy harridan, mistakenly called a handy-woman, to fetch and carry for him, and an array of miscellaneous jugs, saucepans, kettles and chamber-pots from which with great ingenuity he must contrive to obtain some relatively sterile water and instruments. The bed will be a sagging monstrosity, in the depths of which he must deliver the brat on to a copy of the "Irish Times," or, in less classy households, on to the "Herald" or the husband's old macintosh. After fulfilling his duties as midwife he must be wary of the wiles of his patients, for one student, who bashfully supplied his Christian names when told that the infant was to be named after him, was then bombarded with stories of the generosity of other "doctors" to their namesakes, and was finally driven to buy the brat a silver spoon.

After a short experience of the phenomenal rate of reproduction among his patients, the eager student will probably make delicate and tentative enquiries as to

whether any attempt is ever made to control this avalanche of children, but will find that the only form of contraception permitted by the prevailing religion is the enlistment of the husband in the British Army.

Perhaps it would be as well to say that, in spite of the reputation in England of the F.R.A., an Englishman's life is not in any great danger in Dublin, even if he is rash enough to 'argue' about politics. There appears to be a profound division of political opinion in Ireland. On the one hand, and greatly in the majority, are the Nationalists, sentimental, religious and acutely conscious of the many injustices of which England has undoubtedly been guilty in the past. These, though anti-English, are rarely pro-German. On the other hand are those Irishmen, often with English connections, who appreciate Ireland's helplessness alone in a world at war, and who have some conception of the ideological conflict between democracy and Nazism. The mass of the people, with little more political consciousness than the masses in England before the war, are nevertheless proud of their newly acquired national independence, and their neutrality, as their first important independent action, has an enormous emotional appeal. The extremists, however, are so powerful that one politically-minded and Anglophile Irishman to whom I talked believed firmly that if Ireland were to enter the war on either side the result would be immediate revolution.

The war has been both a blessing and a curse to Ireland. Many unemployed have found work in England at better wages than they could expect to get in Ireland, but on the other hand there are shortages of coal, petrol, flour (white flour is unobtainable), and tea. The tea shortage is felt very acutely in such a poor country, but is

hardly so serious as to justify Irish wrath at England's perfidy in "breaking her promise" to supply Ireland with tea (brought, of course, in English ships). In general the Irish consider it most unfair that there should be any shortages at all, since they are not at war, and all their economic problems are ascribed to the British "blockade" of Ireland. Most astonishing of all is their indignation at England's refusal to supply them with arms.

In talking of Anglo-Irish relationships an Irishman will always say that the first essential for their improvement is that England should make some gesture of friendship by offering to supply Ireland with the raw materials and armaments that she needs. Since Ireland is not prepared to offer anything as a *quid pro quo* it seems unlikely that so altruistic a gesture will ever be made, and without it there is small hope of a substantial improvement. It may be suggested that Ireland could offer the bases in exchange for these economic concessions, but the Irish believe, with justice, that if the bases were handed over their principal cities would immediately be bombed. Their terror of air-raids is such that I do not believe that they will ever take that risk.

In spite of this rather gloomy picture of life in Dublin there are very considerable compensations. Bread is regarded merely as a vehicle for butter, beer is unlimited, there are dances of pre-war splendour (white ties will be worn), and, greatest compensation of all, there are the arguments. Day and night, into the dawn, on politics, on religion, on medicine, even on the Metric System, there are always arguments. Even more than by its butter, I shall remember the Rotunda by these epic battles of words.

SPONTANEOUS MASSIVE COLLAPSE OF THE LUNG FOLLOWING FRACTURED PELVIS

B. G. GRETTON-WATSON, M.A., M.B.

H. B., a male aged 23, was admitted on 22.11.40, having been knocked down by a motor cycle. There was no loss of consciousness.

On admission there were no abnormal physical signs in the head, chest or abdomen. There was tenderness over the left ilium, and pain on pressure on the iliac

crests. X-ray of the pelvis showed a vertical fracture of the left ilium running up to the anterior superior spine. There was some bruising of the left ankle, but neither clinical nor radiological evidence of bony injury.

The patient was put to bed, flat on his back between sandbags. He progressed

without incident until 24.11.41, when he had a sudden attack of pain in the left lower chest. He was distressed and a little cyanosed, temperature 101° pulse 120. On clinical examination of his chest the mediastinum was found not to be displaced; there was some impairment to percussion, and absent breath sounds at the left base anteriorly.

The next day he was still very distressed and cyanosed, and developed a cough with much frothy sputum. The breath sounds were still absent at the left base, the dullness was more marked, and the apex beat had moved to the Vth. space 2in. to the left of the nipple line. X-ray of the chest confirmed the diagnosis of massive collapse of the left lower lobe.

His condition varied little until 3.12.40 when he developed mistiness of vision.

There were no abnormal physical signs in the central nervous system and the mistiness of vision cleared up in two days. The cause of this remains obscure.

From this time onwards his condition gradually improved, he became less distressed, his sputum less, and there were signs of increasing air entry at the left base. By 16.12.40 there was X-ray evidence of some expansion of the left lower lobe, and by 30.12.40 it appeared to be fully expanded.

The sputum was examined on several occasions; it showed no pus cells, many mixed organisms with pneumococci and streptococci predominating. There were no spirillae and no anaerobic organisms.

My thanks are due to Mr. N. A. Miller for permission to publish this case.

DAWN WATCH

"Sou-west a half to west," the skipper said.
 The lighted binnacle shone pale and dead,
 The heavy needle swung beneath my hand
 And dimly then the distance outlined land.
 Quite suddenly the dawn began to breathe
 And flung upon the sleeping sea a wreath
 Of rosy light, and made each wave a fleck
 Of glowing gold. And Heather came on
 deck.

I. E. D. M.

HONOURS

The King has given orders for the following award for brave conduct in Civil Defence :—

M.B.E.—John Desmond Dillon, M.R.C.S., L.R.C.P., Medical Officer-in-Charge, Mobile Unit, Greenwich.

Dr. Dillon, during the whole period of his association with the casualty services, has rendered splendid service. On one occasion a casualty was trapped in the basement of a building the upper storey of which was blazing. Dr. Dillon went down amid the wreckage in order to

extricate the casualty. Water heated by the fire was streaming down into the debris, but the doctor crawled through, reached a boy and administered morphia.

The Times, 7.6.41.

The King has given orders for the following appointment in recognition of distinguished services in the Middle East during the period December, 1940, to February, 1941 :—

C.B.E.—Lieut.-Col. (temp. Col.) F. G. A. Smyth, O.B.E., M.B., R.A.M.C.

The Times, 9.7.41.

CORRESPONDENCE

THE METRIC SYSTEM AGAIN

To the Editor, St. Bartholomew's Hospital Journal
Sir,

I imagine that the editorial in your last issue was intended to draw me still further into the open. I am attacked on two grounds, first because I am an Ancient and Mediævalist, and secondly, because I am inconsistent and illogical.

I see nothing mediæval in sticking to an old and well-tried system when I am offered a newer one which does not possess any advantage over the old. I am entitled to assume this because no-one has so far written to point out what are the advantages of the decimal system in writing prescriptions. I grant you that drachms may be confused with ounces, resulting in a multiplication by 8, but a decimal point may even more easily become displaced, with the resultant error of the order of 10. I do not see how it can be claimed that accuracy is an essential in prescription writing. The basis of pharmacological teaching is the demonstration of experimental results on the lower animals, which sometimes "come off" in a singularly satisfactory manner—but not always. The student is then invited to assume that *homo sapiens* will react in a comparable manner to the same stimulus. It is true that he is informed that different species of animals do not always react alike to the same drug, but it is not impressed upon him that it is by no means certain that human tissues, especially diseased tissues, will respond in the same way.

Prescription writing is not a science, it is, and must always remain, an Art. For a truly scientific experiment a drug would need to exercise exactly the same effect upon every occasion on which it was given in comparable circumstances. The young practitioner speedily learns to his dismay that this is not the fact, and therefore the simplest prescription is ever an essay in experimental therapeutics. I have seen patients die after, and because of, the administration of five grains of aspirin; many other drugs in common use are well known to produce startling effects in certain cases, and while this is so the need for a special notation of particular accuracy does not appear to me to be urgent.

I see no special reason to be consistent in this matter. If a drug is provided in tablets containing a metric dose, or in ampoules containing so many c.cs., I will prescribe it in this form, but this does not seem to me to be a reason to change the whole method of prescription writing which has survived the test of centuries and which is not attacked on any serious ground. If in this country the metric system is universally adopted as a standard I will be among the first to change

my system and adopt the new, nor will I be puzzled or dismayed by decimal fractions and percentages. When my income tax is 50 cents (or more) in the dollar, when my car does so many (or so few) kilometres to the litre, when ladies seek bargains at 99 cents, and when the pole, rod or perch has given place to the square metre, then will I call for 0.5 litre of MALVERN, and drink to those who have brought this thing to pass, wondering the while how much better off any of us will be, but comforted by the thought that the wheels of progress must not be delayed by those whose thoughts are still buried in the mists of mediæval antiquity.

Yours,

JAMES MAXWELL.

August 11th, 1941.

[Is there no Hercules to slay this Hydra?—Ed.]

* * * * *

To the Editor, St. Bartholomew's Hospital Journal
Dear Sir,

I have failed to bring out the fact that the greatest exponent of all the Arts, in that the drama is now held to be the first, accuses the sciences coupled with the one labelled "Chemistry" of having done nothing since the last war to ameliorate the sufferings of mankind, especially in the matter of war horrors. Yet he is unable to demonstrate that any of his special arts (drama, architecture, poetry, literature, sculpture, and painting) have done anything to save us from war horrors!

Medicine and surgery working together, adding their special arts to almost all the sciences, chiefly chemistry and physics, have within the past fifty years, caused the saving of millions of lives, both during the peace times as well as during those of war. The discovery of antiseptics by Lister, advanced by art to the perfect asepsis now in use, is the contribution of surgery to humanity, in peace and especially so in war. The discovery by medicine of the antivaccine to typhoid fever, as a single instance, as also the older discovery of the vaccine against small pox, have also led to the saving of thousands if not millions of lives, again both in war and peace. So that it may well be pleaded that the combined sciences and arts of surgery and medicine have more than achieved a claim for first place in any scheme for blessing and thanking those much maligned services in the cause of humanity. Perhaps these words may raise my remarks from being quite obscure.

J. K. B.

August 10th, 1941.

"GUY'S"

"At Guy's . . . the student . . . enjoys the unique privilege, which no other hospital grants its students, of taking the patient's history, recording his own physical find-

ings, and following up the course of his patient's illness."—*Guy's Hospital Gazette*.

(Fancy that!—Ed.)

OBITUARY

PROFESSOR A. J. CLARK.

We regret to record the death, on July 30th, of Dr. A. J. Clark, who was Professor of *Materia Medica* in the University of Edinburgh.

Alfred Joseph Clark was born at Glastonbury on August 19th, 1885, and was the eldest son of the late Francis Joseph Clark, of Street, in Somerset. He won a scholarship to King's College, Cambridge, and afterwards came to St. Bartholomew's, graduating in Natural Sciences in 1907 and qualifying with a medical degree three years later. In 1910 he was house physician to Dr. Herringham. His interest in pharmacology began early, for soon after taking Membership he was appointed lecturer in that subject at Guy's in 1913. During the Great War he served in the Royal Army

Medical Corps with the rank of Captain and was awarded the Military Cross. He became a Fellow of the Royal College of Physicians in 1921, and ten years later was elected Fellow of the Royal Society. Before taking the chair of *Materia Medica* at Edinburgh he was Professor of Pharmacology in the Universities of London and Cape Town. Of his many publications, "Applied Pharmacology" is well known to the present generation of students, while the more philosophically-minded read with enthusiasm his "Mode of Action of Drugs on Cells."

In 1919 Dr. Clark married Beatrice Powell, daughter of the late Dr. Hazell, of Cape Town, and they had two sons and two daughters.

TYRELL GEORGE EVANS
(presumed lost in H.M.S. "Jervis Bay")

Tyrell George Evans was born at Beckington, near Bath, on December 6th, 1898, and was educated at Epsom and Monckton Coombe. While still a schoolboy he developed nephritis, but a short stay in the Argentine completed his cure. He entered Bart.'s, but before he qualified became a Surgeon-Probationer and served in the last war on board *H.M.S. Honeysuckle* in the Mediterranean. After the Armistice he returned to Bart.'s, qualified in 1919 (when he was Vice-President of the Abernethian Society) and became Resident Anaesthetist and House Surgeon to Mr. Bathe Rawling. He always retained the greatest admiration for his late Chief and was a constant attendant at the famous "Jumpy dinners." In 1922 Tyrrell Evans married Miss Agnes Rodgers (then a blue-belt) at St. Bartholomew's the Great, and settled down in general practice at Beckington. For a year he was in partnership with his father, who had worked there for 40 years, but after his retirement carried on alone. Evans was the best type of

general practitioner and always tried to keep up to date. His patients all loved him for his obvious sincerity and kindness. He became Honorary Medical Officer to the Victoria Hospital, Frome, where he put in much sterling work. The stress of a country practitioner's life does not leave much time for hobbies, but Tyrrell Evans liked to snatch a few days' holiday fishing and was very fond of the mechanical side of motoring. For a few weeks in each year he was generally at sea, as he remained an officer of the R.N.V.R., being promoted to the rank of Surgeon-Lieutenant-Commander. At the outbreak of the present war he was, of course, called up and was appointed to the armed merchant cruiser *H.M.S. Jervis Bay*. During the epic fight of this ship against hopeless odds Tyrrell Evans was wounded, but when last seen was still doing his best for casualties in the Sick Bay. Thus lived and died a very gallant gentleman of whom Bart.'s can be proud. To the bereaved widow, son and sister, we tender our most sincere sympathy.

C. L. H.

REV. J. L. DOUGLAS

Bart.'s has lost a devoted supporter in the person of its former Vicar and Hospitaller, Rev. Justin L. Douglas. His tenure of office was not long, as years go, yet he was long enough at Bart.'s to be loved by all with whom he came into contact. He was extremely cultured and had many gifts. He was an accomplished musician and an expert photographer. It was during his vicariate that the new organ in the chapel was installed, an instrument of beauty. His collection of photographs of scenes within and without the walls of the Hospital was superb.

As a student I was impressed more than anything else by his utter modesty and self-effacing manner, which went with a very sensitive and sympathetic disposition. I feel many students and doctors would pay tribute to this very retiring man, especially members of the Christian Union, who were in his debt for many things. His retirement from Bart.'s a few years ago was an event regretted by all who knew him. His death in middle-life is deeply regretted, but the Christian fragrance of his life will remain as an inspiration to his many friends at the Hospital.

J. B. G.-S.



The last few weeks of the summer term supplied us with radiant sunshine in which to do our prolonged swotting, a period, it must be said, made more arduous by the beckoning presence of punts, placid pools and pubs.

Next term threatens to be of inordinate length with the course of work in September for those who are turning up for it, not forgetting the fortnight of Home Guard training which may serve to perfect our physical fitness. It is hoped that a short spell of holiday will be arranged after the vacation course and before the start of the winter term—a breathing space to gather momentum after the stress and strain that September will almost certainly bring with it.

CRICKET

St. Bart.'s Hospital—Pre-Clinical XI.—v. **Ridley Hall.** Played at home, May 10th.

Ridley Hall batted first on a good wicket, but were all out for 109, due chiefly to the steady bowling of Cartledge, who took 4 wickets for 18 runs. Cheap wickets were also obtained by Monckton and Wood, the former dismissing two men for only 4 runs.

Fifty-one runs were on the board before our opening partners were separated. Moyes was the victim, but only after he had made 22 glorious runs in a most stylish manner. Goodrich, after a scratchy start, went on to make 42. Wood and Ballantine added 30 or so between them; the Ridley Hall total being thus surpassed with 4 wickets in hand and a quarter-of-an-hour to go.

v. Queens' College. Played at home, May 24th. This match rather took the form of a local derby, both the teams playing on their common home ground. Timmis and Moyes were out within a few minutes of the beginning of our innings, but Goodrich managed to stay there, the runs coming amazingly slowly. However, after Cartledge had made 25 useful runs and was back in the pavilion, we were lucky enough to see a really exciting spot of batting by Todd, who seemed to have no respect for the bowlers at all. He made 40 runs in just over half-an-hour, which included 5 fours. Monckton called the batsmen in when the score was 129 for 9.

The game became quite tense when Queen's had reached 100 with fifteen minutes to go. But, thanks to some good bowling by Todd, they had only established 123 runs by close of play. P. D. Moyes, as usual, distinguished himself at the stumps.

v. Caius College. Played away.

The wicket was very wet, and although they won the toss, our opponents decided to bat first. It was a wise choice, for at first the wicket behaved itself, but after the sun had been on it for an hour or so, it began to play tricks. Thus it did for the whole of the Bart.'s innings, after Caius had built up a formidable score of 156 for 5 wickets.

To make matters worse, Bart.'s only had ten men, who were subsequently skittled out by two medium pace spin bowlers for 19 runs.

A sorry day indeed.

Moyes, behind the stumps, alone was up to standard.

v. Trinity College. Played away.

At last we cricketers were rewarded with that weather which is associated with the game. For this match we were also lucky enough to have the services of Beck, of the L.S.E., and Professor

Wormald, whose keen fielding was an inspiration to the side. The former provided us with 30 very valuable runs, and he, with Moon, produced a stand of 56 runs. However, the delight of the afternoon was a grand 64 by Monckton, who just let go at every ball, treating the bowling with utmost scorn, obtaining in the process 6 fours. The other end was kept up conscientiously by Todd and Professor Wormald in their respective turns. We declared at 4.30, leaving Trinity to get 164 runs in an hour-and-three-quarters. However, they only managed to obtain 114 of them before the umpires drew stumps, and that was at the expense of 6 wickets. Cortledge took 3, Todd 2, and Monckton, although he had only just concluded his hectic innings, bowled quite as fast and as accurately as usual. A draw was a fair result.

v. King's College. Played away.

They won the toss and batted first, and it was not long before a smart piece of fielding ran their No. 1 batsman out. But a long stand resulted when the next man came in. Although Monckton tried all his bowlers, it was not till their score was nearing 100 that the second wicket fell. He was out l.b.w. from Goodrich. The only other bowlers who took any wickets were Todd (2), and Pitman, a newcomer to the team, who, bowling very steadily, got one. King's declared at 138 for

5. Due entirely to a phenomenally accurate young fast bowler, we suffered a bad collapse. But owing to a clever piece of strategical batting by Pitman, a certain defeat was turned into a draw. Although only 49 runs were scored, credit is due to Moyes and Cortledge for calm and deliberate batting in the face of heavy odds. The same may be said of Daniel, though, in this case, perhaps not quite so deliberate.

v. R.A.F. Played at home, June 11th.

This being our last match we fielded the strongest team we possessed. Even if it did not promote a win, it could not be surpassed for excitement, the R.A.F. gaining superiority by the narrow margin of 7 runs. Pitman it was who, cleverly varying his spins, took 5 Air Force wickets for 23 runs, the whole side being out for 95. Mention must be made again of Moyes for his superb wicket keeping. During the whole season he let pass only the byes, and on two occasions the score sheet was blank.

It is a sad thing to see five 0's in one's score book; it is sadder still when it is the finishing game of the season and few runs are needed for victory. Such was the story on this occasion. Excitement, however, was provided to the full by Beck, Cortledge and Todd, who scored 22, 26, and 26 respectively, bringing the total to 88. A dignified defeat.



By the time this news appears in print, Ian Todd will have arrived in Canada to take up his Rockefeller studentship at the University of Toronto. All will agree, I am sure, that the choice of Todd to represent Bart.'s was a happy one, and we shall look forward to news of his doings. Many of us hope that this scheme is an earnest of a greater exchange of undergraduate students after the war, not only with the New World, but with great continental centres of medical education.

Since writing the last news little of note has happened at Hill End. A new batch of students has arrived and the "House" has undergone its twice yearly change. Dr. Jewesbury and Mr. Richard Johnson have left us; the former's vivid descriptions of dramatic and choral events will be missed in future issues of the JOURNAL. Dr. B. M. Wright has returned, this time as chief assistant to Dr. Geoffrey Evans. We are very pleased to welcome Mr. H. R. Ives, Jr., as chief assistant on the Surgical Professional Unit. A most successful dance was

held on August 8th, and once again the Mother Hospital was well represented. (Following last month's news I have been warned that any more facetious comments will result in an attempt to "frame" me, so I will refrain from making any more comments about the dance!)

Hagiology is a far cry from medicine so I would not presume to know why St. Swithin imposed a curse on the weather at this time of year, but his gloomy predictions have been unpleasantly correct once again. The rain has recently spoilt the tennis and cricket, but we must be thankful for a previously successful season. A report of the activities of both clubs is appended.

CRICKET

This season started with the astonishing array of about thirty-four fixtures as a result of P. R. Edgar's great work as Secretary. Durham captained until the end of June, when he and Edgar and many useful enthusiasts left, having "done their time" here. John Potter and Duncan Linsell were elected captain and secretary respectively for the remainder of the season. Difficulty has been experienced in the absence of any groundsmen to prepare wickets, but co-operation

from several members has resulted in some very excellent pitches, and Michael Hunt, Mann and Linsell are specially to be thanked. The weather has washed out about eight matches recently, but May and June saw several good games in sunshine.

The weight of the bowling has fallen on Morris, who is now at Bart.'s, and on Nash and Potter; some very good analyses have been returned by them. The scoring has usually come from Potter, Randall and Hunt. Hunt and Dowling have been unfailing, and formed the backbone of the fielding, which was often marred by dropped catches.

We have played fourteen, won seven, lost six, and have drawn two through bad weather, and for the same reason eight other games have had to be cancelled. We lost very heavily to St. Albans School in the first game, getting only 44 in reply to their 171 for 4, but in the return game we won by 24, Randall making a useful 24, and Edgar taking 4 for 23. We beat Mr. Harmer's XI by 7 wickets, V. H. Jones making 30 not out, and J. L. Morris taking 4 for 32, and Linsell 3 for 16. We beat a Herts C.C. XI, by 2 wickets and 10 runs in a very low scoring match. Potter took 7 for 12, and made 9 not out, which was the highest score for our side. Only one man reached double figures in the whole game. We lost both games with Leitchworth, but they were very enjoyable. Our batting was weak on both occasions, though the bowling was good. J. N. H. Jones took 4 for 30 in the first, and Linsell 4 for 15 in the second. In a friendly game with Cell Barnes early in May John Potter knocked up a magnificent 73 not out, every one of these having to be run as the state of the field made boundaries out of the question. Our latest match v. the Rickmansworth Water Co., which resulted in our winning on a very sticky wicket, was remarkable for good fielding.

W. D. L.

TENNIS

During the summer the tennis at Hill End has been in full swing, with matches most Wednesdays and Saturdays in June and July. We have been very fortunate with the weather, as it has only caused us to cancel two matches during the whole season, and two other matches have been postponed.

With the help of the Nurses, mixed matches with other clubs have been arranged, and have proved both popular and successful. Up to date we have won seven, and only lost two matches. Our match against Harpenden was played on hard courts, and in spite of the score, our team put up a very hard fight, the set being lost by a narrow margin in every case.

The men's doubles have been well supported, and as a result we have beaten Charing Cross Hospital twice, on grass and hard courts. Our matches with the North Metropolitan Co. ended both times in a loss, but nevertheless, we made them work for their victory. One set in particular lasted two-and-a-half hours, forty-six games being played before the point was ours.

"Club evenings" every Monday and Thursday have been a great success, and everyone is very sorry that they have had to end with the now shorter evenings. As many as thirty turned out regularly on these nights to play on the grass and hard courts, which were in continual use. These "Club evenings" have been most useful in discovering hidden talent needed for matches, and have also given the Nurses a chance of getting a game after a hard day's work in the wards. The standard at these "Evenings" has been far from rabbity; in fact some fine sets and rallies have been seen on the courts.

The following have played in the teams:—H. R. Marrett, G. R. Evans, R. C. Jack, C. S. M. Stephan, Y. Y. Gabril, R. B. Sankey, D. E. R. Kelsey, R. M. Boyce, A. H. W. Brenan, R. M. Chambers, A. R. Anderson, E. A. Imossi, J. H. Rey, P. C. Mark, R. N. R. Grant, A. R. Corbett, P. F. Lucas, and D. R. Duff.

R. B. S.

Results:—

May 17.—v. Ballito (Mixed) (H), won 5—4.
 June 7.—v. Charing Cross Hospital (Men) (A), won 5—4.
 June 14.—v. Trinity Club (Mixed) (A), won 7—2.
 June 15.—v. North Met. Co. (Men) (A), lost 4—5.
 June 18.—v. Shenley Hospital (Mixed) (H), won 9—0.
 June 25.—v. Cell Barnes (Mixed) (H), won 5—2.
 July 5.—v. Ballito (Mixed) (A), won 5—4.
 July 9.—v. Charing Cross Hospital (Men) (H), won 6—3.
 July 12.—v. Trinity Club (Mixed) (H), won 6—0.
 July 16.—v. Shenley Hospital (Mixed) (A), lost 1—7.
 July 20.—v. North Met. Co. (Men) (H), lost 3—6.
 Aug. 2.—v. Harpenden (Mixed) (A), lost 0—9.

THE DRAMATIC SOCIETY

Rehearsals of "Death on the Table" have now begun at Hill End, and the play will be performed on September 26th and 27th. In London, just before war began, this play had a run of four months, and we feel that with the expert advice and talent available to us the play should appeal both to the general public and to those connected with the hospital.

EDITOR'S NOTE

Subscription rates for the Journal are: Life, £5 5s.; 5 years, £1 11s. 6d.; annual, 7s. 6d. Readers are reminded that these rates bear no relation to the nominal charge of 4d. per copy made to students, to limit numbers in view of paper shortage; 4d. actually by no means covers the cost of producing one copy.

The charge for Nurses (and persons working in

the Hospital) is 6d. For all others it is 9d.

* * *

Authors are entitled to three complimentary copies of the number in which their work appears, but will only receive them on application. If reprints of an article are required, they are asked to send the order before the date of publication of the number in which it appears.



Whatever is it?

Tuberculous infiltration of the ileum. At least that's what it says in the catalogue.

I hear these specimens are going to be moved into the other lecture-room and this is going to become a sort of A.R.

That's a splendid idea. But will there be any furniture for the A.R.?

I believe they're bringing some from Charterhouse.

Well, that really is a masterstroke. What's on next door?

Gynae, or Midder, or both. I gather B——tt——'s walking on air these days after an 80 per cent. pass last time.

It was a bit of a novelty, wasn't it? Why do you leave out all his vowels like that?

Journalistic etiquette, my boy.

Nonsense, the newspapers talk about Churchill and Roosevelt without any polite deletions.

Yes, but they never say Horder or Dawson.

No, that is rather odd. They always put in 'Lord.' Perhaps medical men are respected after all. But that still doesn't explain why you should leave out a lot of vowels.

You're just making difficulties. What's this?

An umbilical adenoma. V—ck had one on his round the other day.

I wonder why his two wards were placed at opposite ends of the Hospital.

Just to annoy grousers like you. Anyway you don't need to walk along the tunnel at this time of year; you can go outside.

I get very tired of Picture Post's reforming zeal, don't you?

Especially the correspondence. Dozens of letters from long-haired undergraduates and disappointed spinsters, all potential melancholics.

They've had a crack at the medical profession, I suppose? Wonder what they'd say about Friern. "My Plan for Friern," by Edward Hutton.

He'd need a plan for himself after being here a day or two.

Quite uncalled for. Bill Loughborough says he likes the M.A.V.

He's acquired an immunity. The next thing is to prepare a serum from him. Is this meant to be the Friern News?

Right first time.

What d'you mean by this ghastly phrase: Fondness for Friern grows on one? You'd better say "grows on two or three." Sounds like a fungus or creeping paralysis.

Well, you can write it next month.

Not me. I'm not going to burn my fingers. I've watched you dropping bricks and picking them up again for a long time.

I love Ivor Novello's music, don't you?

Some of your bricks were well worth dropping, though.

Did you ever see "The Wind and the Rain"?

Awful, isn't it.

I don't mean the weather. I mean a very successful play all about medical students. All the common varieties were depicted, studious, athletic, alcoholic—

Well, what about it?

I was thinking it might be a good thing for the patients to see it. When we go into a ward here all eyes focus on us to decide whether we're doctors, male nurses, porters—

Or mental patients. Yes, it's very embarrassing. We'd do better, of course, if fewer of us went about in drainpipe flannels and green shirts. It's nothing to do with coupons.

My dear boy, there's been an enormous improvement. Earlier in the war one used to see plus fours and boiler suits wandering about. But I think it might be a good thing if each patient understood that he would be examined by students, who play a necessary if humble role in the Hospital.

You flatter yourself. You mean that the houseman often refers to the student's notes of the case? By the way, did you notice that Sabreur underwent a short, sharp attack of the disease which he so wittily described?

Yes, I suppose everyone does on first moving into white collars and pink carnations. Will you sign me up this afternoon?

I wonder if they ever examine the handwriting. It's of no value if they do because a kind friend sitting next you often signs

you up to save you trouble, and you're both present. The whole system is haywire.

The clever rascals always use block letters. Anyway, I'll give you a demonstration. Sign me up like this—

GOBBO.

CONJOINT BOARD

FINAL EXAMINATION, JULY, 1941.

Pathology.

Welch, R. H.
Cooper, R. S.
Robertson, J. A.
Bone, D. H.
Lunn, G. M.
Colledge, A. H.
Sinclair, A. C.
Kapoor, K. G.

Medicine.

Grandage, C. L.
McNair, T. E. L. J.
Dalton, I. S.
Cooper, R. S.
Hill, I. M.
Jackson, B.
Davies, J. A. L.
James, C. T. A.
Lamos, J.
Wohl, M.
Phillips, J. H. C.
D'Silva, J. L.
Allardice, A. R.

Surgery.

Borrelli, V. M.
Harvey, R. J.
Watson, P. C.
Lambley, D. G.
Hinds, S. J.
Hall, R. L.
Tweedy, P. S.
Evans, J. W. G.
Fison, T. N.
Nabi, R. A.
French, G. E.
Cullen, E. D.

Lustigman, M.
Haile, J. P.
Stewart, J. G.
Mariani, G.
Currie, D.
Lim, K. H.
Vickery, K. O. A.

Stansfeld, J. M.
Bromley, W. A.
Lunn, G. M.
Rosten, M.
Wilson, H. L. J.
Edwards, D. H.
Burkeman, L. E.
Maconochie, A. D. A.
Laybourne, M. N.
Harrison, K. O.
Bartlett, D.
James, A. R.
Douglas-Jones, A. P.

Ismay, D. G.
Shah, J.
Phillips, A. H.
Pickering, C. H.
Howells, G.
Gavurin, H.
Pitt, N. M. F. P.
Winocour, G.
Messer, B.
Rosten, M.
Hewitt, S. R.

Midwifery.

Dalton, I. S.
Storey, T. P.
Brewerton, R. S. E.
Archer, R. M.
Atkinson, W. J.
Gabb, J. E.
Messer, B.
Ambrose, A. B.
Zibili, J. H.
Helme, P. E.
Grandage, C. L.
McAleenan, W. H.
Champ, C. J.
Borrelli, V. M.
Birch, J.
Druitt, A. W. N.
Phillips, A. H.
Turner, E. Grey.
McCready, I. A. J.
Jenkins, B. A. G.
Evans, D. T. R.

Shrieber, M.
Roth, A.
Williams, T. M.
Binns, G. A.
Tweedy, P. S.
Townsley, B.
Fison, T. N.
Langdon, T. C.
Rees, R. G.
Macdonald, J. M.
Holtby, G. R.
Lemerle, M. E.
Citron, R.
Arnold, D. L.
Gifford, C. S. E.
Haile, J. P.
Robinson, J. T.
Thomas, D. C.
Routledge, R. T.
Jacobs, D. K.
Fraser, F. E.

Diplomas were conferred on the following:—

Grandage, C. L.	Bromley, W. A.
McNair, T. E. L. J.	Rosten, M.
Phillips, J. H. C.	Jackson, B.
Shah, J.	Nabi, R. A.
Howells, G.	Atkinson, W. J.
James, C. T. A.	Maconochie, A. D. A.
Lunn, G. M.	Harrison, K. O.
Wilson, H. L. J.	Stansfeld, J. M.
Watson, P. C.	Pickering, G. H.
Storey, T. P.	Robertson, J. A.

SPORTS NEWS

SWIMMING CLUB

v. The Rahere Rovers. Thursday, July 31st. Encouraged by three recent victories at cricket, the Rahere Rovers continued their unbeaten progress in a novel challenge match against the Swimming Club. First came one length free style, the swimmers being chosen by ballot. The Rovers by obtaining 1st and 3rd places created a lead by 8 points to 4 points. After the one length breast stroke and back stroke the Rovers still led by the same margin of 4 points, viz., 20–16. Then came the great "underwater race" (last man to come up alive wins), in which Ellis was challenged by Merrifield, but the latter, who scuttled himself after one length, was no match for underwater Ellis, who completed two full lengths before surfacing without a trace of dyspnoea. Now the Rovers led 23–17, but they dropped three points in the Medley Relay, and by loosing the Team Free

Style Relay the score stood at 25–23, so that the result depended upon the Water Polo match. This looked like a defeat for the Rovers, who possessed only two experienced players, whilst their opponents had five of the regular team.

Newbold arrived late, but, with Surgeon-Lt.-King deputising, the Rovers soon gained a 3–1 lead. Then Newbold arrived, and to the Rovers horror played for the wrong side!! The lead was soon erased, and the score stood at 5–6 against the Rovers one minute before the end. Defeat seemed imminent, and would have been certain had not McAfee, who carried the Rover's team on his shoulders, scored his sixth goal to equalise in the last minute, and thus cause the honours of the day to go to the Rovers by 28½–26½ points. All the Rovers team deserved, and accepted, fluid rewards for their splendid efforts, and Heyland (an excellent M.C.) is to be congratulated on not having been thrown into the water.

BART.'S MEN IN THE FORCES

R.A.M.C.

Brownlees, T. K.
 Cohen, E. L.
 Gilsenan, B.
 Gonin, M. W.
 Mitchell, W. E. M.
 Morshead, R. S.
 Way, L. F. K.
 Webber, R. L.

R.N.

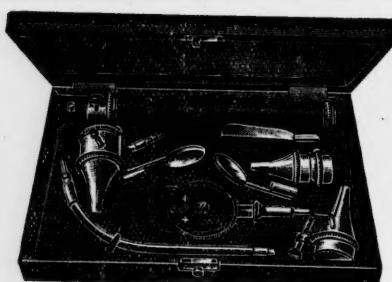
Ingelby-Mackenzie, K. A.

BIRTHS

CAPPS.—On July 19th, 1941, at The Little House, Tingewick, Bucks, to Gertrud (née Torelli), wife of F. C. W. Capps, F.R.C.S.—a son.
 NEWBOLD.—On July 7th, 1941, at the Alexandra Park Nursing Home, N.10, to Ray (née Girling), wife of Clifford Newbold, F.R.C.S.—a daughter.
 SHAW.—On July 29th, 1941, at Llandudno, to Anne, wife of Wilfred Shaw—a son.
 THORNE THORNE.—On July 22nd, 1941, at Savernake Hospital, Marlborough, to Irene (née de Bertodano) and Bezly Thorne Thorne, of Ovingdean, Woking—a daughter.
 WARE.—On July 8th, 1941, to Winifred, wife of Capt. M. Ware, R.A.M.C.—a son.

MARRIAGES

ELDER—SMITH.—On Wednesday, July 9th, 1941, quietly, at Danbury Parish Church, Essex, F.O. P. M.C.A. Elder, R.A.F.V.R., M.S., to Margaret Muriel Smith.
 ISAAC—SHARP.—On July 30th, 1941, at St. Saviour's Church, Battersea, S.W., Paul William Isaac, M.B., B.Ch., M.A., Surgeon Lieutenant, R.N.V.R., younger son of the Rev. B. W. and Mrs. Isaac, of Wimbledon, to Enid Estelle, only daughter of Mr. and Mrs. H. Challen Sharp, of Larch Hill, Longborough, Gloucestershire.



ELECTRIC DIAGNOSTIC OUTFIT

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 to unscrew.

W 214

STETHOSCOPE

Guy's pattern, with
 heavy grey tubing
 and Doherty's all-
 metal chestpiece
 with end 14/6
 to unscrew.

SILVER WEDDINGS

ALLNUTT—GAINSFORD.—On July 27th, 1916, at St. Saviour's Church, Hitchin, Herts, Captain E. Bruce Allnutt, M.C., R.A.M.C., to Joan Cicely Gainsford.

DEATHS

ANDERSON.—On July 26th, 1941, at the War Memorial Hospital, Deal, Doctor Charles Alexander Anderson, of Sandwich, aged 64.

ANDERSON SMITH.—On July 16th, 1941, at Haverbrack, Challock Lees, Kent, John Anderson Smith, M.D. (Lond.), late of 158, Willesden Lane, N.W.6, dearly loved husband of Amy Helen Maud Smith, aged 79.

HAWKINS.—On July 12th, 1941, at a nursing home in East Grinstead, Dr. Arthur Hawkins, late of Bedford, and of the Mostyn Hotel, Eastbourne.

ROBINSON.—On July 26th, 1941, at a nursing home, London, Harry Robinson, O.B.E., F.R.C.S., of 33, St. John's Wood Court, and 88, Harley Street.

WILLIAMS.—On July 28th, 1941, suddenly, at Merlewood, Farnham, Surrey, Charles Edward Williams, Lieutenant-Colonel, I.M.S., retired, aged 75.



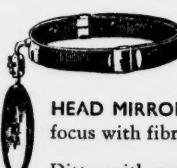
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